

02-09-01

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02/08/01

J1031 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Title of Invention

Antiangiogenic Ag nts

Named Inventor(s)

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Attorney Docket

43170-253406 (05213-0731)

Express Mail Label No.

EL610728038US

J1033 U.S. PTO
09/17/01

10/00/02

APPLICATION ELEMENTS

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

ACCOMPANYING APPLICATION PARTS

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims Small Entity status
3. ☒ Specification, Claims, and Abstract Total Pages 39
4. ☒ Drawings Total Sheets 1
5. ☒ Oath or Declaration Total Pages
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)
- The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (i) ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Microfiche Computer Program (Appendix)

7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies
8. ☐ Assignment:
- a. ☐ Assignment Papers (cover sheet & document(s))
- b. ☐ Assignment is of record in parent application No. _____
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)
☐ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS) PTO-1449
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
15. ☐ Other: _____

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Recite complete dependency back to first parent application: _____
17. CORRESPONDENCE ADDRESS:

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